

IN THE UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS  
PINE BLUFF DIVISION

**FILED**  
U.S. DISTRICT COURT  
EASTERN DISTRICT ARKANSAS

AUG 19 2013

CASE NO. 5:13-cv-271 SWD-HD

JAMES W. MCCORMACK, CLERK  
By: [Signature] DEP CLERK

I. Parties to Civil Complaint Pursuant to 42 U.S.C. § 1993

In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

Name of plaintiff: Marvin J. Humphrey

ADC# 137134A

Address P.O. Box 500, Grady AR. 71644-0500

In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

This case assigned to District Judge Wright  
and to Magistrate Judge Young

B. Name of defendant: Corizon Medical Services

Position: Medical Provider Corporation For A.D.C.

Place of employment: Ark. Depart. of Corrections (Cummins Unit)

Address: (To be Provided by A.D.C.) P.O. Box 8707, Pine Bluff, AR. 71644-8707

Name of defendant: Ms. Marie Austin

Position: Former Infirmary Administrator, Cummins Unit Inf.

Place of Employment: Currently Unknown

Address: [To be provided by Corizon Under Seal]

Name of defendant: Ms. Estella Bland

Position: Cummins Unit Infirmary (ANP)/Corizon

Place of Employment: Cummins Unit Inf. ADC

Address: P.O. Box 500 Grady AR. 71644-0500

Name of defendant: Ms. Esaw

Position: Med Product's Coord. etc. /Corizon

Place of Employment: Cummins Unit Inf. ADC

Address: P.O. Box 500, Grady, AR 71644-0500

Name of defendant: Ms. D. Ciecel (Replaced Ms. M. Austin)

Position: Inf. Administrator/Corizon

Place of Employment: Cummins Unit Inf. ADC

Address: P.O. Box 500 Grady, AR 71644-0500

Name of defendant: Mr. Aric Simmons

Position: ANP/ Corizon

Place of Employment: Part time Inf Cummins ADC

Address: [To be provided by Corizon under seal]

Name of defendant: Wendy Kelly

Position: Deputy Director Medial Services

Place of Employment: Pine Bluff Central Officer (A.D.C.)

Address: P.O. Box 8707, Pine Bluff, AR 71611-8707

Name of defendant: Mr. Troy Moore

Position: Former Medial Provider A.D.C. Cummins Unit

Place of Employment: (Currently Unknown)

Address: [To be provided under seal by Corizon Medial]

II. Are you suing the defendants in:

- ☐ official capacity only  
☐ personal capacity only  
☒ both official and personal capacity

III. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes ☐ No ☒

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

Parties to previous lawsuit

Plaintiffs: NA

Defendants: NA

Court (if federal court, name the district; if state court, name the county):

NA

Docket Number: NA

Name of judge to whom case was assigned: NA

Disposition (for example: Was the case dismissed? Was it appealed?

Is it still pending? NA

Approximate date of filing lawsuit: NA

Approximate date of disposition: NA

IV. Place of present confinement: P.O. Box 500, Grady, AR 71644-0500 [Ark. Dept. Corrections Bks 7-B]

V. At the time of the alleged incident(s), were you:

(check appropriate blank)

\_\_\_\_\_ in jail and still awaiting trial on pending criminal charges

XX serving a sentence as a result of a judgment of conviction

\_\_\_\_\_ in jail for other reasons (e.g., alleged probation violation, etc.)  
explain: \_\_\_\_\_

VI. The Prison Litigation Reform Act (PLRA), 42 U.S.C. § 1997e, requires complete exhaustion of administrative remedies of all claims asserted, prior to the filing of a lawsuit. There is a prisoner grievance procedure in the Arkansas Department of Correction, and in several county jails. Failure to complete the exhaustion process provided as to each of the claims asserted in this complaint may result in the dismissal without prejudice of all the claims raised in this complaint.

A. Did you file a grievance or grievances presenting the facts set forth in this complaint?

Yes XXX No \_\_\_\_\_

B. Did you completely exhaust the grievance(s) by appealing to all levels within the grievance procedure?

Yes XXX No \_\_\_\_\_

If not, why? \_\_\_\_\_

## VII. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places.

The Prison Litigation Reform Act (PLRA) requires that the Plaintiffs exhaust any available administrative remedies prior to filing such a complaint under a Sect. § 1983 [42 U.S.C. § 1997 (e)(a)] Wherefore the Plaintiff admits that the Arkansas Dept. of Corrections (A.D.C.) does have an Inmate Grievance Procedure [Even though not properly applied by A.D.C.] and that the Plaintiff herein has as of this present filing fully exhausted all said remedies [See Attached].

The Plaintiff (acknowledges) that none of the so named defendants herein are entitled to any form of immunity. Furthermore, so stated that any persons so acting under color of law, or state /or/ Federal protected rights subjected to action under Section 42 U.S.C. § 1983.

Under 42 U.S.C. § 1983, a prisoner may seek redress against any person/persons acting under color of law, when said person/persons deprives said prisoner of any right guaranteed by the Constitution of either The State of Arkansas or the United State, or any State Tort Laws.

[See: Oklahoma v. City of Tuttle, 471 U.S. 808, (1985); McRaven v. Sanders, 577 E. 3d 974 (8<sup>th</sup> Cir. 2009); also See: Lyons v. Michigan D.O.C., No 2:08-CV 13631-[ER-VMN]

Be It so stipulated that under, 42 U.S.C. §1983 does provide in pertinent part that, "every person who, under color of law, statute, ordinance, regulation, custom, or usage, subjects or causes to be subjected any citizen of the United States, or other persons within the jurisdiction thereof to be deprived of any rights, privileges, or immunities secured by the constitution and laws, "shall" be held liable to the injured party in said action of law pursuant to Section 42 U.S.C. § 1983."

Therefore, all herein so named Defendant's, (or) there successors are to be held accountable in their official as well as personal capacities, for having shown Deliberate Indifference to the serious medical needs of the Plaintiff.

As well as for their gross misuse of power that was/is possessed by each so named Defendant by virtue of constitutional, and state laws, which clothed each with the authority state law as agents of state employees (or sub-contracted employees) or by being employees of CMS/(Formerly Known as)/ Corizon Medial Services.

Statement of Claim: Plaintiff having been received by A.D.C. and given a medical evaluation concerning physical condition /and/ restrictions was documented as being M-3 [See: CHSSO27J; as issued on 11-8-2006 type physical exam.] (Also noted Plaintiff unable to read or write)

Said restrictions were all limited to point of minimuns's from 11/08/06 to 12-31-9999 (or duration of incarceration) to wit: " avoid prolonged crawling, avoid strenous physical activity in excess of '0' hours, no lifting over 19 lbs, or over head work in excess of '0' hours."

Wherefore on 9-7-12, Plaintiff, filed a grievance [CU-12-02188] dealing with having placed numerous requests to Ms. A Esaw's office /also/ Ms L. Matthews office to be interviewed about medical restrictions. As is required all medical scripts must be renewed prior to expiration as well as all medications. Having also placed a sick-call in on 8-30-12, which policy dictated you will be seen within (72) hours. Yet by 9-7-12 had infact not been seen.

A consult to be seen by an Ortopedic Specialist had been submitted and approved yet still not fulfilled. All of which constitute Cruel and Unusual Punishment and Deliberate Indifference, conveyed in 8th Amendment of the United States Constitution. [CU-12-02188 found with merit].

Plaintiff, continued to have problems as to receiving medications, and medical devices i.e. shoes/braces as were ordered supplied by Dr. B. Crowell Orthopedic Specialist.

The Grievance filed on 10-15-2012 covers said issues of said denials of medications and medical devices. [all of which was ordered on 10-10-12 by Dr. Crowell.]

The medical department responded (Ms. M. Austin) that the specialist Dr. B. Crowell is not a Corizon physician; therefore the recommendations must be reviewed by and implemented by a Unit Provider. Dr. Moore [since terminated due to violation of policy. ( and suspected of not having valid medical licence)] reviewed notes, and stated

he disagreed with orthopedic shoes, and would review medication list prior to implementation of prescriptions. Having reviewed notes & medication on 10-26-12, Dr. Moore ordered medication and Knee (Joint) injection. As of 11-21-12 still had not recieved joint injections nor other medication's i.e. "Tramadol" and found that "Tbuprofen" had in fact been ordered but later changed to "Naproxen." Yet Tramadol and Naproxes refilled on 11-27-17 per Dr. Moore. By 1-23-13 Deputy Director Wendy Kelly noted on Appeal that due to lengthy delay in joint injections and review of medications said complaint was with merit. [See: CU-12-02621].

[See: CU-12-02697] when Plaintiff was cited for failure to show up for appointment then rescheduled was determined by A.D.C. security logs to have been in fact fault of security for failure to call layin in the Barracks where Plaintiff lives.

Plaintiff continued to be refused medications as is clearly shown. [See CU-12-02904] Even after month's on 1-23-13 Deputy Director Wendy Kelly confirm's that there is no electronic record of any meds having been ordered as Mr. Aric Simmon (APN) or Dr. Moore have eluded to. Wherefore grievance was once again found to be with merit.

All of the foregoing information in conjecture with Plaintiff having previously been M-3 with all afore stated restrictions, to only have said restrictions and medical class changed to M-2 with-out a proper physical lead to Deliberate Indifference to serious medical needs.

Plaintiff, has attempted to follow all medical orders and/or restrictions, but Dr. Moore, Ms. Estella Bland, (ANP), Mr. Aric Simmons, (ANP); Dr. B. Crowell, Orthopedic Specialist and others as so named as Defendants are all liable for damages.

Plaintiff has had knee braces ordered for both knees. [Braces ordered by Ms. A Esaw] upon arrival both knee braces were determined to be to small, yet as of this date Ms. A. Esaw has refused to reorder in order to cut cost at direction of Corizon Medical. Since having changed from C.M.S. to Corizon [In fact are sam corporations just different logo].

Corizon Medical has been shown by cases not only here in A.D.C. but in various other states as well to show Deliberate Indifference, Tort of Outrage and total disregard for value of human life. As is shown in Fields -v- Corizon (Florida) Policy which is

practiced by Corizon of cutting cost's at the expense of prisoners medical conditions clearly violates the (8th) Eighth Amendment of The United States Constitution.

In Langford and Hardin, supra, 614 F.3d 455 (8th Cir. 2010) "The facts must be construed in light most favorable to the Plaintiff. Which when all facts are reviewed the Plaintiff's evidence [if an evidentiary hearing is held] will prove each and every element of claims as will prove the established violations of constitutional laws [See: Crooks v. Nix, 872 F. 3d 800 (1989); Boyd v. Knox, 47 F.3d 969 (1995); and Logan v. Clark, 118 F.3d 647 (1997).

The Defendants total disregard for Plaintiffs well being are clearly deliberate indifference to the Plaintiffs "serious medical needs," and give rise to intentional infliction of pain, and of emotional stress otherwise known as "Tort of outrage."

The U.S. District Court Eastern District of Arkansas as stated in Langford, supra, States, "that any subcontracted Doctor or otherwise consulted physician shall be held liable as just that an employee of State/Corizon Medical."

#### "CONCLUSION"

The Plaintiff has suffered far too long by the Deliberate Indifference from the Defendants for serious medical needs and if this Honorable Court will review the facts it will see that "yes" this Court has full jurisdiction over all subject matter herein as Plaintiff asserts in said claim.

And given a evidentiary hearing Plaintiff will prove with out a doubt that the Defendants are liable for all damages pursuant to 42 U.S.C. § 1983 Civil Litigation. The forced use of Prison Grievance procedures has not corrected or remedied said problems thus far. And due to use of Grievance Procedures has resulted in retaliation by Defendants in further delaying of medical care.

Plaintiff has clearly established the principle of the Eighth (8th) Amendment jurisprudence. [See Miller v. supra 75 F. 3d at 1308; Crooks, supra 872 F. 2d at 804, Messimer, 702 F. 2d at 732]. The Plaintiff prays that this Honorable Court will take into



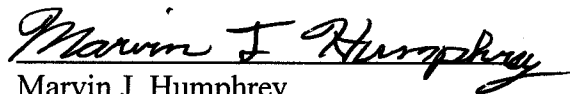
consideration that Plaintiff can not read nor write, and has relied upon prisoner paralegal for assistance. [complaint read to and agreed to by Plaintiff.] as well as Plaintiff is not able to properly defend himself in Court, whereby requests the appointment of counsel.

VIII. Relief Sought:

- A.) The Plaintiff seeks from all Defendants Collectively the amount of (\$100,000.<sup>00</sup> each.) total of \$700,000.<sup>00</sup> (Seven Hundred Thousand Dollars) for Punitive Damages.
- B.) And Plaintiff seeks in the form of compensatory damages the amount collectively of \$2.5 (Two Million/Five Hundred Thousand Dollars).
- C.) Any and all other relief under whihc this Honorable Court may deem appropriate.

I, Marvin J. Humphrey A.D.C. # 137134 do so declare under penalty of perjury (18 U.S.C. § 1621) that to the best of my knowledge the foregoing is true and correct.

Executed on this 15 day of AUGUST, 2013.



Marvin J. Humphrey  
Plaintiff-Pro-Se  
A.D.C. #137134 Bks # 7-B  
P.O. Box 500  
Grady, AR 71644-0500

**Condensed Health Services Encounter**

ADC#: 137134A Inmate Name: Humphrey, Marvin J.

ADC#: 137134A Inmate Name: Humphrey, Marvin J.	
ENCOUNTER DATE: 11/08/2006 TIME: 04:26:37 PM DURATION: minutes TYPE: Physical Exam	
LOCATION: Diagnostic New Comm. [D04] SETTING: Health Services Office	
S	NOTES: Inmate is undergoing an initial assessment during the reception process.
O	NOTES: Vital signs were taken and all readings were within normal limits.
A	NOTES: Inmate seems to have no emergency health needs.
STANDARD FORM: Physical Examination	
P	DRUG PRESCRIPTION: Albuterol inhaler/17 g inhaler EFFECTIVE DT: 11/08/2006 RT: IH DOSE: 2 inh STRENGTH: 1 METHOD: Unit Dose FREQ: TIDPRN FOR: 30 DAYS EXPIRATION DATE: 12/09/2006 REFILLS: 0 STATUS: Ordered
DRUG PRESCRIPTION: Naproxen/500 mg tablet EFFECTIVE DT: 11/08/2006 RT: PO DOSE: 1 STRENGTH: 500mg METHOD: Unit Dose FREQ: BIDPRN FOR: 30 DAYS EXPIRATION DATE: 12/09/2006 REFILLS: 0 STATUS: Ordered	
WAIVERS / RESTRICTIONS:	Avoid Prolonged Crawling, etc UNTIL: 12/31/9999 ✓ Restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing.
WAIVERS / RESTRICTIONS:	Avoid Strenuous Physical Acty UNTIL: 12/31/9999 ✓ Restrict assignment requiring strenuous physical activity for periods in excess of 0 hours.
WAIVERS / RESTRICTIONS:	Avoid Heavy Lifting UNTIL: 12/31/9999 ✓ Restrict assignment requiring handling, lifting of heavy materials in excess of 19 lbs or requiring overhead work for a period in excess of 0 hours.
WAIVERS / RESTRICTIONS:	Loss of Consciousness UNTIL: 12/31/9999 ✓ Restrict assignment where sudden loss of consciousness would be dangerous to self or others such as scaffolding, driving a vehicle, or near moving machinery.
WAIVERS / RESTRICTIONS:	Other Restrictions UNTIL: 12/31/9999 ✓ Other: Bottom floor/bunk
NOTES: 1. MSF 207 - may come to infirmary PRN shortness of breath, may have updraft PRN x 30 days. 2. Pt. unable to read or writs.	
E	NOTES: Gave the inmate verbal instructions regarding the medical treatment that he/she is being given.
RESTRICTION NOTES: M3 - also unable to read or write	
STAFF: Johnston, Rebecca, RNP	

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

APR 15 2010

HEALTH &amp; CORRECTIONAL PROGRAMS

IGTT420  
3GHINMATE NAME: Humphrey, Marvin J.ADC #: 137134AGRIEVANCE #: CU-12-02188HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(655) You grieve you have put in 2 requests to have your restrictions renewed. You state you were supposed to see the orthopedic doctor but have not.

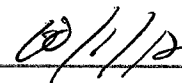
Your medical restrictions were renewed 8/16/12 and are good for one year. They are in eOMIS and accessible by any officer. This part of your grievance is without merit. You also state you were to see the orthopedic doctor but have not. I researched and found you had a consult approved to see the orthopedic doctor and had an appointment on 6/20/12. I see no evidence you were seen. I am forwarding this information to Ms. Austin so she can schedule you as soon as possible. This part of your grievance is with merit.



Signature of Health Services  
Administrator/Mental Health  
Supervisor or Designee



Title



Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

Inmate Signature

ADC#

Date

Page 12 of 25  
 RECEIVED  
 GRV. # 44-12-02188  
 Date Received SEP 10 2012  
 GRV. Code CUMMINS UNIT  
 GRIEVANCE OFFICE

**UNIT LEVEL GRIEVANCE FORM (Attachment 1)**

Unit/Center Cummins unit

Name MARVIN Humphrey

DC# 137134

Brks # 7-B

Job Assignment inside Lawn

9-7-12 (Date) STEP ONE: Informal Resolution

9-7-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This matter has Not been Resolved.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: medical or mental  
 BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I have put in two REQUEST For interview to Mrs. Mathews for my Medical Restrictions. For one I have a knee brace and a cane and no stair/low tier/ low Rack. allso I have Medicate that Need too be Renew. And I done Dropped a Sickcall on 8-30-12 and have NOT Ben seen. I Need too get this takeing Care of allso I have ORTHOPEDIC DOCTOR CONSULT. I am beening Medical Neglect and this Cruel and unusual punishment by Medical staff members.

Marvin Humphrey  
 Inmate Signature

9-7-12  
 Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 9/7/2012 (date), and determined to be Step One and/or an Emergency Grievance yes (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: Mary Seamus Date 9-7-12

James Thurman Jr 44564  
 PRINT STAFF NAME (PROBLEM SOLVER) ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: Script Being mailed To you. Ms. Seamus will check on your ortho consult & we will let you know. Mathews Rn 9/7/12

LC Rack 9-7-12 Marvin Humphrey 137134 9-7-12  
 Staff Signature & Date Returned Inmate Signature & Date Received

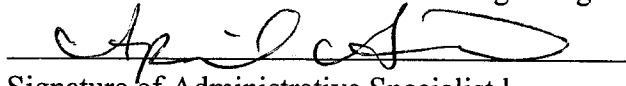
This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

**ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE**TO: Inmate Humphrey, Marvin J.ADC #: 137134AFROM: Gibson, April DyanTITLE: Administrative Specialist IDATE: 09/10/2012GRIEVANCE #: CU-12-02188Please be advised, I have received your Grievance dated 09/07/2012 on 09/10/2012.You should receive communication regarding the Grievance by 10/08/2012  
Signature of Administrative Specialist I**CHECK ONE OF THE FOLLOWING**

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☒ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

**INMATE'S APPEAL**

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

\_\_\_\_\_  
Inmate Signature\_\_\_\_\_  
ADC #\_\_\_\_\_  
Date

IGTT430  
3GD

Attachment VI

INMATE NAME: Humphrey, Marvin J.

ADC #: 137134

GRIEVANCE#: CU-12-02621

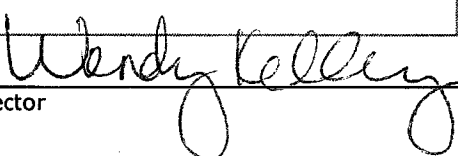
October 15, 2012, you grieved you have not received the orthopedic shoes and medication recommended by Dr. Crowell.

The medical department responded, "Records reflect you were seen by Dr Crowell on 10-10-12 and he recommended orthopedic shoes, Tramadol and Naproxen. The specialist is not a Corizon physician; therefore, the recommendation must be reviewed and implemented by a unit provider. Dr Moore reviewed the notes on 10-10-12 and indicated that he did not agree with orthopedic shoes and would review your medication list prior to implementation of prescriptions. You were seen by Dr Moore on 10-26-12, his notes indicate he would order medications and schedule a joint injection. I find no indication this has occurred. We regret the delay in this process and you will be scheduled for a follow up with Dr Moore. Your grievance has merit but is resolving."

You disagree with this response in your November 23 appeal because you still are not getting any medicine and Dr. Moore told you to buy a pair of shoes from the commissary. You want to know why you were sent to Dr. Crowell if he cannot write orders and why did he perform your second knee surgery.

As noted above, Dr. Crowell is not a Corizon physician and his recommendations must be reviewed and implemented by a provider. Although Dr. Moore did not approve the recommendation for orthopedic shoes, on October 26 he noted he would schedule the knee injection and order medication. On November 21, Mr. Simmons documented he spoke with Dr. Moore and he was waiting for supplies for your planned knee injection, and that he intended to start you on Tramadol for pain management. He ordered Ibuprofen, but that order was changed to Naproxen. Tramadol and Naproxen were refilled on November 27 per Dr. Moore. Dr. Moore noted he would renew your Tramadol on January 10, 2013; however, there is no order for that date in your electronic record. There is no documentation you have received the knee injection in your electronic record.

Due to the delay in your knee injection and review of your medications, your appeal is with merit. My staff contacted your unit and advised them there is no documentation of the steroid injection for your knee and requested this be reviewed by a provider as soon as possible.

  
Director

Date 1/21/13

IGTT420  
3GH

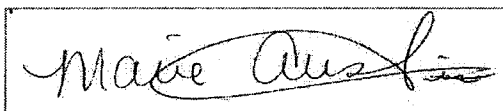
Attachment IV

INMATE NAME: Humphrey, Marvin J.ADC #: 137134AGRIEVANCE #: CU-12-02621

## HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(655) Your 10-19-12 grievance has been received and reviewed as well as your medical record to determine if medically necessary healthcare, as determined by your healthcare providers, has been provided for you. You state you have not received the orthopedic shoes with arch support and ankle support or the steroid shot Dr Crowell ordered on 10-10-12

Records reflect you were seen by Dr Crowell on 10-10-12 and he recommended orthopedic shoes, Tramadol and Naproxen. The specialist is no a Corizon physician; therefore, the recommendation must be reviewed and implemented by a unit provider. Dr Moore reviewed the notes on 10-10-12 and indicated that he did not agree with orthopedic shoes and would review your medication list prior to implementation of prescriptions. You were seen by Dr Moore on 10-26-12, his notes indicate he would order medications and schedule a joint injection. I find no indication this has occurred. We regret the delay in this process and you will be scheduled for a follow up with Dr Moore. Your grievance has merit but is resolving.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

DEC 4 2012

Marie E. Austen HEALTH & CORRECTIONAL PROGRAMS 11/20/2012  
Title Date

## INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

*If Dr. Crowell didn't have any say in my heal*

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

*Then*  
care. Why did the cummins unit IV firm have to send me out to Dr. Crowell for a consult  
d Dr. Crowell order me tramadol and Naproxen, which Dr. Moore said He was going to order  
2 medications. I'm still Not getting any medications, and ~~no~~ Dr. Moore told me to Buy pair shoes off  
2 commissary. Which commissary doesn't carry orthopedic shoes with these Requirment which is  
thopedic shoes with arch support and Ankle support. If Dr. Crowell is Not a corizon  
hysician then Why has he done #2 knee Surgery on my Left Knee Since I have  
een here. So He got to work for some one.

Marvin Humphrey  
Inmate Signature

137134  
ADC#

11-23-12  
Date

**ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE**

TO: Inmate Humphrey, Marvin J. ADC #: 137134A  
FROM: Mizell, Jimmy E TITLE: ADC Inmate Grievance Coord  
DATE: 10/22/2012 GRIEVANCE #: CU-12-02621

Please be advised, I have received your Grievance dated 10/15/2012 on 10/22/2012.

You should receive communication regarding the Grievance by 11/20/2012

  
\_\_\_\_\_  
Signature of ADC Inmate Grievance Coord

**CHECK ONE OF THE FOLLOWING**

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☒ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

**INMATE'S APPEAL**

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
ADC #

\_\_\_\_\_  
Date



IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Humphrey, Marvin J. ADC #: 137134A  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance CU-12-02621 DATE: 12/04/2012

BK 7  
B4 7

Please be advised, the appeal of your grievance dated  
10/15/2012  
was received in my office on this date 12/04/2012

**You will receive communication from this office regarding this Grievance by 01/18/2013**

- ☐ The time allowed for appeal has expired
- ☐ The matter is non-grievable and does not involve retaliation:
  - ☐ (a) Parole and/or Release matter
  - ☐ (b) Transfer
  - ☐ (c) Job Assignment unrelated to medical restriction
  - ☐ (d) Disciplinary matter
  - ☐ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☐ (f) Involves an anticipated event
- ☐ You did not send all the proper Attachments:
  - ☐ (a) Unit Level Grievance Form (Attachment 1)
  - ☐ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☐ (c) Did not give reason for disagreement in space provided for appeal
  - ☐ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☐ (e) Unsanitary form(s) or documents received
  - ☐ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

**ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE**

TO: Inmate Humphrey, Marvin J. ADC #: 137134A  
FROM: Mizell, Jimmy E TITLE: ADC Inmate Grievance Coord  
DATE: 10/22/2012 GRIEVANCE #: CU-12-02621

Please be advised, I have received your Grievance dated 10/15/2012 on 10/22/2012.  
You should receive communication regarding the Grievance by 11/20/2012

J. Mizell  
Signature of ADC Inmate Grievance Coord

**CHECK ONE OF THE FOLLOWING**

- ☒ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☒ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☒ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☒ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

**INMATE'S APPEAL**

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Inmate Signature

Date

ADDC#  
ADDITIONAL DOCUMENTS &  
DUPLICATES WILL NOT BE  
CONSIDERED AS PART OF  
YOUR APPEAL

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

DEC 4 2012

HEALTH & CORRECTIONAL PROGRAMS

# UNIT LEVEL GRIEVANCE FORM (Attachment D)

FOR OFFICE USE ONLY

Unit/Center CLM 1113 Case 5:13-cv-00271-SWW Document 2 Filed 08/19/13 Page 19 of 45

GRV. # 2012-02621

Name Marvin Humphrey  
ADC# 137134 Brks # 2B Job Assignment Inside lawn

Date Received: \_\_\_\_\_

GRV. Code #: \_\_\_\_\_

10-15-12 (Date) STEP ONE: Informal Resolution

(Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: \_\_\_\_\_

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: medical or mental  
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On the 10-10-2012, I went on

a gate pass to Malvern to see orthopedic Doctor.  
His Name was Dr. Crowell, and He order me orthopedic  
Shoes with Arch Support and Ankle support and Medicate  
for me which is a steroid shot for knee and  
trernadat and a steroid pill. I been Fiveday and  
have NOT received response from any boby in the  
Infirmary. So who take care of doctor & order  
as they come in from gate pass. am in pain.  
Sent ms. Esaw a Request for Interview  
about this Matter.

ADDITIONAL DOCUMENTS & Think you  
DUPLICATES WILL NOT BE

Marvin Humphrey CONSIDERED AS PART OF  
Inmate Signature YOUR APPEAL

10-15-2012  
Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 10-15-12 (date), and determined to be Step One and/or an Emergency Grievance  
yes (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name  
of the person in that department receiving this form: Dr. Ranceer Date 10-15-12

Co' Warren 92751 Co' Warren  
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: I will schedule you to see  
Dr. Ranceer next week for consultation of knee  
Dr. Ranceer 10/14/12

Dr. Ranceer 10-19-12 Marvin Humphrey 10-19-12 137134  
Staff Signature & Date Returned Inmate Signature & Date Received

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_  
Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: DEC 4 2012  
If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back  
to Inmate After Completion of Step One and Step Two.

Unit/Center Cummins unitName Marvin HumphreyADC# 137134 Brks # 7-B Job Assignment Inside Law

FOR OFFICE USE ONLY

GRV # 01202737Date Received: 6GRV. Code #: 610-30-12 (Date) STEP ONE: Informal Resolution10-31-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: This didn't answer the issuethat he is denying Dr. Crowell's orders he is only obeying <sup>me</sup> he still not ordering shoes

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: medical or mental **BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): ON 10-10-12 I went to seeDr. Crowell a specialist in orthopedics. He examined my left knee and ordered some tremedal and orthopedics shoes and steroid shots for my left knee and other medication for me. And on 10-26-12 I was seen by Dr. Moore and talked to him about what Dr. Crowell said at my consult. Dr. Moore said he was not going to order my orthopedic shoes that he disagrees with Dr. Crowell. But he agreed to the steroid shots and pain medication. But no orthopedic shoes because he didn't think it was necessary at this point of time. He told me to buy a pair off commissary. But commissary does not sale orthopedic shoes. When Dr. Moore refused treatment to me it is a violation to my rights when the knee Dr. Crowell a specialist order treatment and shoes for me. so this is a "serious medical need exists if the failure to treat the need could result in further significant injury or unnecessary a winter infliction of pain. so this is cruel and unusual punishment and As to this point I still haven't recieved any pain medication as ofMarvin Humphrey

Inmate Signature

DEC 11 2012 Date

10-30-12

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 10-30-12 (date), and determined to be **Step One** and/or an Emergency Grievance(Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: W. Crowell Date 10-30-12Devon's Gains 5473 Devon's Gains 10-30-12  
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date ReceivedDescribe action taken to resolve complaint, including dates: Car Visit to Dr. Moore 10/30/12  
Concern your knee pain, He says He is going to order  
meds & schedule joint injection. He discussed what was  
on you. You will be Rescheduled, when He is ready to  
Proceed with the joint injection. On Thurs 10/30/12Staff Signature & Date Returned 10/31-12 Inmate Signature & Date ReceivedThis form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? \_\_\_\_\_ (Yes or No).Staff Who Received Step Two Grievance: Marvin Humphrey Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

IGTT420  
3GH

Attachment IV

BKT/bkt

INMATE NAME: Humphrey, Marvin J.ADC #: 137134AGRIEVANCE #: CU-12-02737

## HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

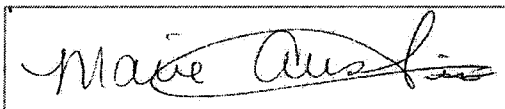
(655) Your 10-31-12 grievance has been received and reviewed as well as your medical record to determine if medically necessary healthcare, as determined by your healthcare providers, has been provided to you.

You state you have not received your orthopedic shoes, steroid shot and other medications that Dr Crowell ordered for you.

The specialist is not a Corizon physician; therefore, the recommendation must be reviewed and implemented by a unit provider. Dr Moore reviewed the notes on 10-10-12 and indicated that he did not agree with the recommendation for orthopedic shoes and would review your medication list prior to implementation of prescriptions. On 11-27-12 Dr Moore ordered Naproxen and Tramadol and noted he has ordered the supplies for your steroid injection. This issue of shoes, medications and a steroid injection were addressed on 11-20-12 in grievance CU-12-02621; therefore this grievance is without merit.

If your medical condition changes please address any concerns through the sick call process.

*I do Not have this grievance. M.H, 137134*



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Marie E Austin

12/04/2012

Title

Date

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

## INMATE'S APPEAL

DEC 11 2012

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

*I still have NOT had a steroid injection. on the shoes, Dr. moore told me to buy a pair off the commissary because they had a budgetary minimizes treatment provided to inmates yet maximizes profits incurred when Dr. moore denies me orthopedic shoes. which is a prescribe treatment By Dr. Crowell that why I was sent to him by O.R.C.U At Malvern AR. I don't think that Dr. moore is qualified to treat me.*



Inmate Signature

137134

ADC#

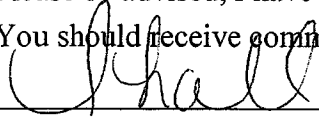
12-04-12

Date

## ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Humphrey, Marvin J. ADC #: 137134A  
FROM: Hall, Lisa Renee TITLE: ADC Inmate Grievance Coord  
DATE: 11/01/2012 GRIEVANCE #: CU-12-02737

Please be advised, I have received your Grievance dated 10/30/2012 on 11/01/2012.  
You should receive communication regarding the Grievance by 12/04/2012

  
\_\_\_\_\_  
Signature of ADC Inmate Grievance Coord

### CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☒ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

### INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
ADC #

\_\_\_\_\_  
Date

IGTT430  
3GD

Attachment VI

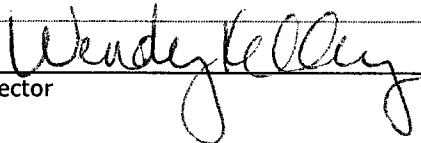
INMATE NAME: Humphrey, Marvin J.

ADC #: 137134

GRIEVANCE#: CU-12-02737

October 30, 2012, you grieved you have not received your orthopedic shoes, steroid shot and other medications that Dr Crowell ordered for you.

This is a duplicate of CU-12-02621, refer to that response. Duplicate grievances are without merit.

  
Director

1/21/13  
Date

## UNIT LEVEL GRIEVANCE FORM (Attachment)

Unit/Center CumminsName Marvin HumphreyADC# 137134Brks # 7BJob Assignment Inside Lawn

10-15-12 (Date) STEP ONE: Informal Resolution

10-25-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Did Not They Returnon the 10-19-12. It did Not Happening, was Not Seen

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On the 10-10-2012. I went on

a gate pass to Malvern to see orthopedic Doctor.  
His Name was Dr. Crowell, and He order me orthopedic  
Shoes with Archsupport and Ankle support and Medicate  
for me which is a Stairolde shoot for Knee and  
tremadat and a Stairolde pill. I been Fiveday and  
have NOT received response from any body in the  
Infirmiry. So who take care of doctor order  
as they come in from gate pass. am in pain.  
sent ms. Esaw a Request for Interview  
about this Matter.

Think you

Marvin Humphrey

Inmate Signature

10-15-2012

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on 10-15-12 (date), and determined to be Step One and/or an Emergency Grievanceyes (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: Dr. Warren Date 10-15-12Co' Warren92754Co' Warren10/15/12

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: I will schedule you to seeDr. Moore, next week for consultation, of shoes.Dr. Moore 10/19/12Staff Signature & Date Returned 10/19/12Inmate Signature & Date Received 10-19-12 137134

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

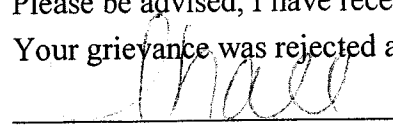
DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two.



## ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Humphrey, Marvin J. ADC #: 137134A  
FROM: Hail, Lisa Renee TITLE: ADC Inmate Grievance Coord  
DATE: 10/26/2012 GRIEVANCE #: CU-12-02673

Please be advised, I have received your Grievance dated 10/15/2012 on 10/26/2012.  
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

  
\_\_\_\_\_  
Signature of ADC Inmate Grievance Coord

### CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☒ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of CU-12-02621, or was frivolous or vexatious.

### INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
ADC #

\_\_\_\_\_  
Date

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

BK 7  
647

TO: Inmate Humphrey, Marvin J. ADC #: 137134A  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance CU-12-02737 DATE: 12/11/2012

Please be advised, the appeal of your grievance dated  
10/30/2012  
was received in my office on this date 12/11/2012

**You will receive communication from this office regarding this Grievance by 01/28/2013**

- ☐ The time allowed for appeal has expired
- ☐ The matter is non-grievable and does not involve retaliation:
  - ☐ (a) Parole and/or Release matter
  - ☐ (b) Transfer
  - ☐ (c) Job Assignment unrelated to medical restriction
  - ☐ (d) Disciplinary matter
  - ☐ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☐ (f) Involves an anticipated event
- ☐ You did not send all the proper Attachments:
  - ☐ (a) Unit Level Grievance Form (Attachment 1)
  - ☐ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☐ (c) Did not give reason for disagreement in space provided for appeal
  - ☐ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☐ (e) Unsanitary form(s) or documents received
  - ☐ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

## ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Humphrey, Marvin J.

ADC #: 137134A

FROM: Hall, Lisa Renee

TITLE: ADC Inmate Grievance Coord

DATE: 11/01/2012

GRIEVANCE #: CU-12-02737

Please be advised, I have received your Grievance dated 10/30/2012 on 11/01/2012.

You should receive communication regarding the Grievance by 12/04/2012



Signature of ADC Inmate Grievance Coord

### CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

### INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Inmate Signature

ADDITIONAL DOCUMENTS &  
ADC #  
DUPLICATES WILL NOT BE  
CONSIDERED AS PART OF  
YOUR APPEAL

Date

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

DEC 11 2012

HEALTH & CORRECTIONAL PROGRAMS

ADDITIONAL DOCUMENTS &  
DUPLICATES WILL NOT BE  
CONSIDERED AS PART OF  
YOUR APPEAL

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

DEC 11 2012

HEALTH & CORRECTIONAL PROGRAMS

IGTT430  
3GD

Attachment VI

INMATE NAME: Humphrey, Marvin J.

ADC #: 137134

GRIEVANCE#:CU-12-02697

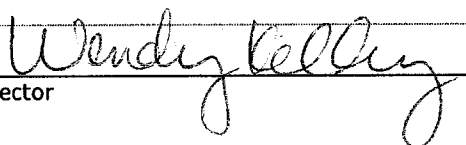
October 25, 2012, you grieved you were on lay-in for Dr. Moore and never got called on October 24 to talk about the consult and renew QVAR.

The medical department responded, "Per Dr Moore's notes you did not show up for your appointment. You were rescheduled and seen on 10-26-12 for your knee pain. Dr Moore informed you of his plan for treatment. The necessary supplies for knee injection have been received and you will be scheduled. Your grievance is without merit."

You disagree with this response in your December 1 appeal because you were called on October 26 to order your QVAR, but it was never ordered and you still have not had your knee injection.

Dr. Moore noted you did not show up for your appointment on October 24 and you were rescheduled and seen on October 26. There is no documentation you requested a QVAR inhaler during that encounter. Estella Bland, APN, ordered a QVAR inhaler on December 14 following a recommendation by Dr. Floss, the Regional Medical Director. The steroid injection to your knee was addressed in CU-12-02621 and found with merit.

This appeal is without merit as you were rescheduled and seen on October 26.

  
Director

1/21/13  
Date

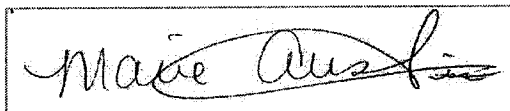
IGTT420  
3GH

Attachment IV

INMATE NAME: Humphrey, Marvin J.ADC #: 137134AGRIEVANCE #: CU-12-02697

## HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(618) Your 10-26-12 grievance has been received and reviewed as well as your medical record to determine if medically necessary healthcare, as determined by your healthcare providers, has been provided to you. You state you were on the lay in for 10-24-12 to see Dr Moore but you were never called out. Per Dr Moore's notes you did not show up for your appointment. You were rescheduled and seen on 10-26-12 for your knee pain. Dr Moore informed you of his plan for treatment. The necessary supplies for knee injection have been received and you will be scheduled. Your grievance is without merit.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Marie E Austin

Title

11/29/2012

Date

## INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

I was call on 10-26-12 ~~to~~ to order my QVAR But was Neve order and Knee injection still has Not Been done as of 12-01-12. They allway makeing excuses This is NOT righth.



Inmate Signature

137134

ADC#

12-01-12

Date

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

DEC 12 2012

HEALTH &amp; CORRECTIONAL PROGRAMS

**UNIT LEVEL GRIEVANCE FORM (Attachment I)**Unit/Center CumminsName Marvin HumphreyDC# 137134 Brks # 12-A Job Assignment inside Lawm

Page 1 of 1
GRV. # <u>CU-12-02697</u>
Date Received: <u>OCT 29 2012</u>
GRV. Code # <u>CUMMINS UNIT</u>

10-24-12 (Date) STEP ONE: Informal Resolution10-26-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: At this point I amI seen Dr. Moore on the 10-26-12. He told me to put in

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? \_\_\_\_\_ If yes, circle one: medical or mental

**BRIEFLY** state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print): I was Lay in for Dr. Moore.Never call out for this Lay in. This was on the 10-24-12.  
This was to talk about the Consultation QVAR to get  
Renew.RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

DEC 12 2012

HEALTH &amp; CORRECTIONAL PROGRAMS

Marvin Humphrey

Inmate Signature

10-25-12

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 10-25-12 (date), and determined to be **Step One** and/or an Emergency Grievance(Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: Richard Williams Date 10-25-12PRINT STAFF NAME (PROBLEM SOLVER) Richard Williams ID Number 93049 Staff Signature Richard Williams Date Received 10-25-12Describe action taken to resolve complaint, including dates: We will schedule you  
to be seen next week, for consult. of Inmate.  
On Nov 6th 10/28/12King 10/24/12

Staff Signature &amp; Date Returned

Mar Humphrey 10-26-12

Inmate Signature &amp; Date Received

This form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

SICK call this is no.

## ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Humphrey, Marvin J.

ADC #: 137134A

FROM: Gibson, April Dyann

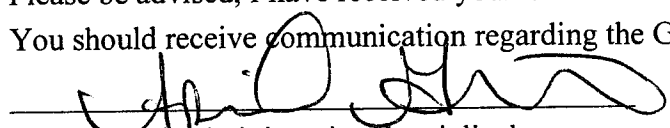
TITLE: Administrative Specialist I

DATE: 10/29/2012

GRIEVANCE #: CU-12-02697

Please be advised, I have received your Grievance dated 10/24/2012 on 10/29/2012.

You should receive communication regarding the Grievance by 11/29/2012

  
Signature of Administrative Specialist I

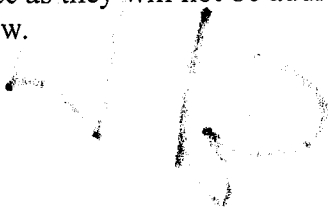
### CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☒ This Grievance has been determined to be an emergency situation, as you so indicated.

- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

### INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.



\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
ADC #

\_\_\_\_\_  
Date



IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
OR REJECTION OF APPEAL**

TO: Inmate Humphrey, Marvin J. ADC #: 137134A  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance CU-12-02697 DATE: 12/12/2012

*OK*  
*347*

Please be advised, the appeal of your grievance dated  
10/24/2012  
was received in my office on this date 12/12/2012

**You will receive communication from this office regarding this Grievance by 01/29/2013**

- ☐ The time allowed for appeal has expired
- ☐ The matter is non-grievable and does not involve retaliation:
  - ☐ (a) Parole and/or Release matter
  - ☐ (b) Transfer
  - ☐ (c) Job Assignment unrelated to medical restriction
  - ☐ (d) Disciplinary matter
  - ☐ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☐ (f) Involves an anticipated event
- ☐ You did not send all the proper Attachments:
  - ☐ (a) Unit Level Grievance Form (Attachment 1)
  - ☐ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☐ (c) Did not give reason for disagreement in space provided for appeal
  - ☐ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☐ (e) Unsanitary form(s) or documents received
  - ☐ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

618

## ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Humphrey, Marvin J.

ADC #: 137134A

FROM: Gibson, April Dyann

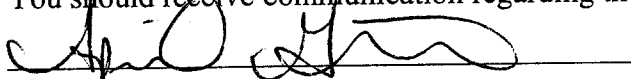
TITLE: Administrative Specialist I

DATE: 10/29/2012

GRIEVANCE #: CU-12-02697

Please be advised, I have received your Grievance dated 10/24/2012 on 10/29/2012.

You should receive communication regarding the Grievance by 11/29/2012



Signature of Administrative Specialist I

### CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☒ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

### INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

ADDITIONAL DOCUMENTS &  
DUPLICATES WILL NOT BE  
CONSIDERED AS PART OF

Inmate Signature

YOUR APPEAL ADC #

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

Date  
DEC 12 2012

HEALTH & CORRECTIONAL PROGRAMS

IGTT430  
3GD

Attachment VI

INMATE NAME: Humphrey, Marvin J.

ADC #: 137134

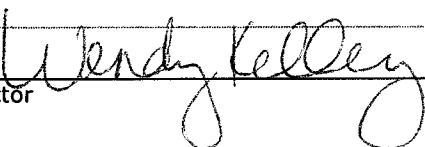
GRIEVANCE#:CU-12-02904

November 16, 2012, you grieved you were scheduled to see Dr. Moore, but he left the building. You claim that you still do not have any medicine.

The medical department responded, "You were scheduled to see Dr Moore on 11-16-12 for your knee pain. You were rescheduled for 11-21-12 with APN Simmons and he ordered Ibuprofen and Analgesic balm. You were seen by Dr Moore on 11-26-12 and he discussed a knee injection with you. On 11-27-12 Dr Moore ordered Tramadol and Naproxen for you. We regret the delay in your treatment. Your treatment plan concerning knee injection will be referred to Dr Moore for further evaluation. Your grievance has merit but is resolving. If your medical condition changes please address any concerns through the sick call process. "

You disagree with this response in your December 25 appeal because you are still having a problem with providers not taking care of you. You complain that Dr. Moore started you on Tramadol on November 27, but only made it good for one month and you still have pain in your knees.

Your grievance was found with merit and APN Simmons ordered pain medication November 21. The Tramadol ordered by Dr. Moore on November 27, and Dr. Moore noted that he would reordered it on January 10, 2013, but there is no order in your electronic record; therefore, this appeal is with merit.

  
Director

1/21/13  
Date

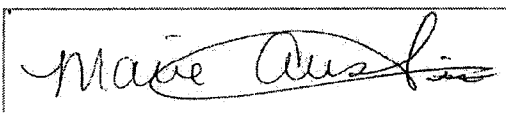
IGTT420  
3GH

Attachment IV

INMATE NAME: Humphrey, Marvin J.ADC #: 137134AGRIEVANCE #: CU-12-02904

## HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(618) Your 11-21-12 grievance has been received and reviewed as well as your medical record to determine if medically necessary healthcare, as determined by your healthcare providers, has been provided to you. You state you were scheduled to see Dr Moore on 11-16-12 but he left before seeing you. You were scheduled to see Dr Moore on 11-16-12 for your knee pain. You were rescheduled for 11-21-12 with APN Simmons and he ordered Ibuprofen and Analgesic balm. You were seen by Dr Moore on 11-26-12 and he discussed a knee injection with you. On 11-27-12 Dr Moore ordered Tramadol and Naproxen for you. We regret the delay in your treatment. Your treatment plan concerning knee injection will be referred to Dr Moore for further evaluation. Your grievance has merit but is resolving. If your medical condition changes please address any concerns through the sick call process.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Marie E Austin12/23/2012

Title

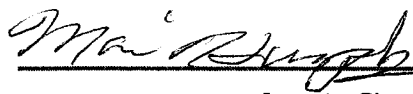
Date

## INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

*I still having problem with healthcare providers for Not takeing care of me. Dr. Moore start<sup>me</sup> on tremadal on the 11-27-12 and they are out on the 12-27-12. He ~~only~~ only ~~made~~ made it good for one monthly. I still have Pain in Knees. I still have the same Problem.*



Inmate Signature

137134

ADC#

12-25-12

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

JAN 4 2013

HEALTH &amp; CORRECTIONAL PROGRAMS

## UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center CumminsName Marvin HumphreyADC# 137134 Brks # 7-B Job Assignment Inside Law

Date Received: \_\_\_\_\_

GRV. Code #: 611-16-12 (Date) STEP ONE: Informal Resolution11-21-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: I Didn't see Dr. Mooreand Dr. Simmer can't help me because he is not allowed to order what I need. or do(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: Inject to my Left & This is CRU anIs this Grievance concerning Medical or Mental Health Services? yes If yes, circle one medical or mental**BRIEFLY** state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I was layin for Dr. Moore, and was Not Seen. Because Dr. Moore left the buiding. He left 11 people siting. this is Very unprofessional and this is Cruel and unusual punishment on His part. Because He is unprofessional about His Job to leave people sitting with Medicare problem that Needs to be take care of. a Serions "medical Need exists if the failure to treat the Need could result in further significant injury or unnecessary and wanton infliction of PAIN. I seen Dr. Crowell on 10-10-12 and still NO Medicine for Me for PAIN. punishmentMarvin Humphrey

Inmate Signature

11-16-12

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**This form was received on 11-16-12 (date), and determined to be **Step One** and/or an Emergency GrievanceNO (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: Dennis Goins Date 11-16-12PRINT STAFF NAME (PROBLEM SOLVER) Dennis Goins ID Number 5473 Staff Signature Dennis Goins Date Received 11-16-12Describe action taken to resolve complaint, including dates: I Answered to this, you are Rescheduled To Be Seen this Wednesday, 11/21/12. On 11/21/12.Staff Signature & Date Returned 11-21-12Inmate Signature & Date Received 11-21-12This form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: JAN 1 2012

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**–Grievance Officer; **ORIGINAL**–Given back to Inmate After Completion of Step One and Step Two.

## ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Humphrey, Marvin J.

ADC #: 137134A

FROM: Hall, Lisa Renee

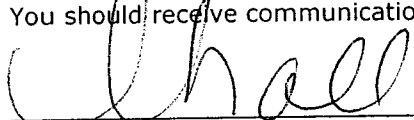
TITLE: ADC Inmate Grievance Coord

DATE: 11/26/2012

GRIEVANCE #: CU-12-02904

Please be advised, I have received your Grievance dated 11/16/2012 on 11/26/2012.

You should receive communication regarding the Grievance by 12/26/2012



Signature of ADC Inmate Grievance Coord

### CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☒ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

### INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
ADC #

\_\_\_\_\_  
Date

IGTT405  
3GT

Attachment V

**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

*Handwritten:* BK 7 / B4 7

TO: Inmate Humphrey, Marvin J. ADC #: 137134A  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance CU-12-02904 DATE: 01/07/2013

Please be advised, the appeal of your grievance dated  
11/16/2012  
was received in my office on this date 01/07/2013

**You will receive communication from this office regarding this Grievance by 02/20/2013**

- ☐ The time allowed for appeal has expired
- ☐ The matter is non-grievable and does not involve retaliation:
  - ☐ (a) Parole and/or Release matter
  - ☐ (b) Transfer
  - ☐ (c) Job Assignment unrelated to medical restriction
  - ☐ (d) Disciplinary matter
  - ☐ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☐ (f) Involves an anticipated event
- ☐ You did not send all the proper Attachments:
  - ☐ (a) Unit Level Grievance Form (Attachment 1)
  - ☐ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☐ (c) Did not give reason for disagreement in space provided for appeal
  - ☐ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☐ (e) Unsanitary form(s) or documents received
  - ☐ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

## ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Humphrey, Marvin J.

ADC #: 137134A

FROM: Hall, Lisa Renee

TITLE: ADC Inmate Grievance Coord

DATE: 11/26/2012

GRIEVANCE #: CU-12-02904

Please be advised, I have received your Grievance dated 11/16/2012 on 11/26/2012.  
You should receive communication regarding the Grievance by 12/26/2012

  
\_\_\_\_\_  
Signature of ADC Inmate Grievance Coord

### CHECK ONE OF THE FOLLOWING

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☒ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

### INMATE'S APPEAL

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
ADC #

\_\_\_\_\_  
Date

ADDITIONAL DOCUMENTS &  
DUPLICATES WILL NOT BE  
CONSIDERED AS PART OF  
YOUR APPEAL

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

JAN 4 2013

HEALTH & CORRECTIONAL PROGRAMS



IGTT430  
3GD

Attachment VI

INMATE NAME: Humphrey, Marvin J.

ADC #: 137134

GRIEVANCE#:CU-12-02987

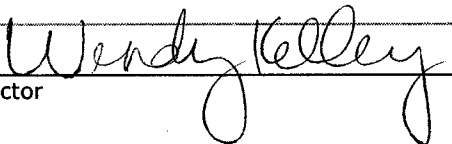
November 24, 2012, you grieved Aric Wade Simmons ordered medications for your hands on November 21 and you are being denied those medications.

The medical department responded, "You were informed on 11-28-12 that your lotion had arrived from the pharmacy on 11-24-12 and that it was non-issue and had to be given at the pill window. Your grievance is without merit. If your medical condition changes please address any concerns through the sick call process."

You disagree with this response in your January 4 appeal because Nurse Wilson said it was discontinued and you could not get it at the pill window.

Aric Simmons, APN, prescribed Theraderm lotion on November 21 during provider call. Doses were documented as "Administered by Nurse" on November 28 and November 30 before Dr. Moore reviewed the order and discontinued it on December 2, 2012.

Because Dr. Moore did not document why he was discontinuing this medication, nor did Nurse Chance who took the verbal order to discontinue it, I find your appeal with merit. If you still feel you have a medical need for it, please submit a request for interview or a medication request form.

  
Director

3/1/13  
Date

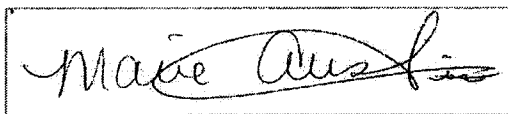
IGTT420

3GH

INMATE NAME: Humphrey, Marvin J.ADC #: 137134AGRIEVANCE #: CU-12-02987

## HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(640) Your 12-1-12 grievance has been received and reviewed as well as your medical record to determine if medically necessary healthcare, as determined by your healthcare providers, has been provided to you. You stated you are being denied the medications ordered by APN Simmons for your hands. You were informed on 11-28-12 that your lotion had arrived from the pharmacy on 11-24-12 and that it was non-issue and had to be given at the pill window. Your grievance is without merit. If your medical condition changes please address any concerns through the sick call process.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

Marie E Austin

Title

01/03/2013

Date

## INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

*Nurse Wilson said It was discontinued and couldn't get It at pill window,*



Inmate Signature

137134  
ADC#

1-4-13  
Date

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

JAN 16 2013

**ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE**TO: Inmate Humphrey, Marvin J.ADC #: 137134A

FROM: Hall, Lisa Renee

TITLE: ADC Inmate Grievance CoordDATE: 12/03/2012GRIEVANCE #: CU-12-02987Please be advised, I have received your Grievance dated 11/24/2012 on 12/03/2012.You should receive communication regarding the Grievance by 01/03/2013  
\_\_\_\_\_  
Signature of ADC Inmate Grievance Coord**CHECK ONE OF THE FOLLOWING**

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☐ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

**INMATE'S APPEAL**

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

\_\_\_\_\_  
Inmate Signature\_\_\_\_\_  
ADC #\_\_\_\_\_  
DateRECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

JAN 16 2013

HEALTH &amp; CORRECTIONAL PROGRAMS

UNIT LEVEL GRIEVANCE FORM (Attachment I)  
 Unit/Center Cummins

Name Marvin Humphrey

ADC# 137134 Brks # 7-B Job Assignment Inside lawn

11-24-12 (Date) STEP ONE: Informal Resolution

12-1-12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: on the 12-01-12 mrs. Wilson. she refuse to give me my moisture lotion for

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? yes If yes, circle one: medical or mental  
 BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): On 11-21-12, A.P.N. Aric Wade Simmons. Order me medications for my hands and I am Being Denied the medications

I didn't get it any more this is at the pill window

RECEIVED DEPUTY DIRECTOR  
 CORRECTIONAL DEPARTMENT  
 J. CORRECTION

JAN 10 2013

RECEIVED CORRECTIONAL PROGRAMS

Marvin Humphrey

Inmate Signature

11-24-12  
 Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on 11-24-12 (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health (Yes or No). If yes, name of the person in that department receiving this form: A. McMahen Date 11-24-12

COM McMahon 90222 A. McMahon 11-24-12  
 PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Your lotion was received from the pharmacy on 11-24-12. It is non-issue you have to come to the pill window to get it. And did 11-28-12

J. King 11/28/12  
 Staff Signature & Date Returned

Marvin Humphrey  
 Inmate Signature & Date Received

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

IGTT405  
3GT**ACKNOWLEDGEMENT OF GRIEVANCE APPEAL  
or REJECTION OF APPEAL**

TO: Inmate Humphrey, Marvin J. ADC #: 137134A  
FROM: Kelley, Wendy L TITLE: Deputy Director  
RE: Receipt of Grievance CU-12-02987 DATE: 01/17/2013

Please be advised, the appeal of your grievance dated 11/24/2012  
was received in my office on this date 01/17/2013

**You will receive communication from this office regarding this Grievance by 03/04/2013**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious